

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10695633

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | <i>20</i>                |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | <i>20</i> minus 20 =     | * <i>0</i>   |
| INDEPENDENT CLAIMS               | <i>3</i> minus 3 =       | * <i>0</i>   |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY  
TYPE

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |

OTHER THAN  
SMALL ENTITY  
OR

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18=    |        |
| X86=      |        |
| +290=     |        |

TOTAL *385*

OR TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|---|---|------------------|---|
|  | Total                                     | * | Minus                                       | **               | = |
| Independent                                    | *   |   | Minus                                       | ***              | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |   |

SMALL ENTITY

OTHER THAN  
SMALL ENTITY  
OR

| RATE   | ADDI-<br>TIONAL<br>FEE |
|--------|------------------------|
| X\$ 9= |                        |
| X43=   |                        |
| +145=  |                        |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|---|---|------------------|---|
|  | Total                                     | * | Minus                                       | **               | = |
| Independent                                    | *   |   | Minus                                       | ***              | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |   |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE  
OR

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= |                |
| X43=   |                |
| +145=  |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|---|---|------------------|---|
|  | Total                                     | * | Minus                                       | **               | = |
| Independent                                    | *   |   | Minus                                       | ***              | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |   |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE  
OR

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= |                |
| X43=   |                |
| +145=  |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.